

### Steven L. Kellam, Jailer 212 Barnes Rd. Williamstown, KY 41097

(859) 824-5191 (859) 824-1285

### CONFIDENTIALITY - CRIMINAL OFFENSE ACKNOWLEDGEMENT

I,	, an employee with the
agency. I understand that my conduct both in further understand that due to the nature of n were to be charged and convicted of a crimin	that the office with which I am employed is a law enforcement inside and outside the office reflects upon the office itself. I my employment, it would reflect negatively upon my office if I hal offense. If I am charged with a criminal offense, I may be
suspended without pay, until the resolution o	i the offense.
	f I am charged and convicted of a criminal offense, from this rediately. I understand this written warning is the only warning conviction.
	this Acknowledgement implies any employment contract on nd I am an at-will employee, and I can be discharged at any on of the Jailer.
	"criminal offense" is one that has the possibility of carrying but are not limited to: DUI offenses, misdemeanor and felony
understand that everything in the Grant Courunderstand that I am not allowed to discuss a	be provided with information that is confidential. As such, I nty Detention Center Jailer's Office is confidential. I may case pending, or other matter that occurs within the office, I am found to have violated the confidences of the office, I
	Applicant Signature
	Date

Witness

I UNDERSTAND THAT IF EMPLOYED I AGREE TO BE LIABLE FOR ANY COSTS OF ATTORNEY'S FEES REASONABLY INCURRED FOR THE REIMBURSEMENT OF TRAINING EXPENSES IF VOLUNTARILY EMPLOYED FOR LESS THAN ONE (1) YEAR. THE COSTS OF 120 HOURS OF TRAINING IS \$1,284.00. I ALSO AGREE TO BE LIABLE FOR THE COSTS OF ANY UNIFORMS OR EQUIPMENT NOT RETURNED. UNIFORMS ARE \$61.55 PER SET.

NAME	
IVAIVIE	DATE
WITNESS	DATE

# GRANT COUNTY DETENTION CENTER APPLICATION FOR THE POSITION OF DEPUTY JAILER

## PRIOR TO SUBMITTING THIS APPLICATION FORM, APPLICANTS SHOULD CAREFULLY READ THE ATTACHED INFORMATION

NAME					/	/
	Last	First	Middle I	nitial	Social	l Security Number
ADDRES		reet		Apt#	Home phone	Work phone
	City	State	Zip		Other: mobile, e	tc.
ARE YO	U 21 YEARS OR	OLDER? YES	NO			
DATE AV	VAILABLE FOR	WORK:				
EDUCA	ATION HISTO	ORY				
High Sc	hool:			Address: _		
Years at	ttended:	Graduated:	Yes _	No	Degree:	
College	•		A	ddress:		
Years at	ttended:	Graduated: _	Yes _	No	Degree:	
Trade or	r Vocational·			Address		
Years at	ttended:	Graduated: _	Yes _	No		
SPECIA	AL SKILLS, CO	OMPUTER TRAIN	ING, ETC	2.		
EMPL(	DYMENT HIS	STORY: Please pro	ovide info	rmation re	garding your last	t three employers
Emplo	yer and Add	ress				
Emplo	yed from	to		Pho	ne#	
Salary		Position I	Held:			
						<del></del>
Superv	visor's Name	:				

### **Employer and Address**

Employed from	to	Phone#	
Promotions received: _			
Supervisor's Name:			
Employer and Address			
Emproyer and ridaress			
Employed from	to	Phone#	
- ·			
Supervisor's Name:			
MILLIE A DIV GEDIVLGE	ND DANIZ		
MILLITARY SERVICE A	AND RANK:		
ARE YOU CURRENTLY	EMPLOYED? YES	S NO	MAY WE CONTACT YOUR
EMPLOYER? YES NO			
Have you ever been convic traffic charges) with the ex	-		charge (not including
u ame charges) with the ex	republi of Dot charg	es:	

### **QUALIFICATIONS:**

- Must be a U.S. Citizen
- Must be at least 21 years of age
- High School Diploma or equivalent (GED)
- Valid Kentucky Driver's License
- No serious criminal record
  - o No Felony convictions
  - o No Domestic violence convictions
- Must successfully pass the physical agility test
- Vision: 20/20 corrected and normal hearing range
- Must successfully pass a criminal background investigation

### **REQUIREMENTS:**

- An at-will employee
- Submit to drug test
- Required to work weekends
- Required to work all shifts
- Basic computer skills
- 180 day probationary period
- Moderate physical effort is required to walk, run, stoop, kneel, lifting, pushing, bending at the waist, and be able to defend oneself.

Will be required to reimburse training expenses of \$1284.00 if employed for less than one
year unless an agreement is reached with the Jailer.

#### **JOB DESCRIPTION:**

- Provide security of inmates
- Oversee the Constitutional care of the jail inmates at the facility
- Prepare jail reports and records regarding daily operations
- Check to ensure policies and procedures and practices of The Grant County Detention Center are being followed
- Oversee that jail equipment is working properly
- Provide security for inmate transports
- Performs related duties as required

### **EMPLOYEE BENEFITS**

- Uniforms furnished
- County Employee Retirement System
- Life Insurance: \$10,000 policy premiums paid by the County
- Earn (1) sick and (1) vacation day each month
- Promotional system
- County contribution for health insurance
- Other benefits such as Dental, Deferred compensation, Flexible Spending, Short-term disability, Accident, etc.

YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION FROM A LICENSED

PHYSICIAN YOU ARE PHYSICALLY FIT TO PARTICIPATE IN THE PHYSICAL AGILITY TEST PRIOR TO PARTICIPATING. YOU WILL ALSO BE REQUIRED TO PROVIDE PROOF OF U.S. CITIZENSHIP, VALID DRIVER'S LICENSE AND DIPLOMA PRIOR TO THE INTERVIEW PROCESS.

REFERENCES (give the names of three persons not related to you whom you have known for at least one year).

1				
	Name	Address	Phone	
2				
	Name	Address	Phone	
3.				
	Name	Address	Phone	

### AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

If employed I further agree to be liable for any costs of attorney's fees reasonably incurred for the reimbursement of training expenses if employed for less than one year.

APPLICANT'S SIGNATURE		DATE		
DO NOT WRIT	E BELOW	THIS LINE		
PHYSICAL AGILITY TEST SCHEDULED:		, 2009 TIME:	HOURS	
1 <sup>ST</sup> INTERVIEW SCHEDULED:	, 2009	TIME:	HOURS	
2 <sup>ND</sup> INTERVIEW SCHEDULED:	_, 2009	TIME:	HOURS	
REMARKS:				



# MISSION STATEMENT OF THE GRANT COUNTY DETENTION CENTER

The purpose of the Grant County Detention Center is to provide, in an effective manner, the highest degree of security for the citizens of Grant County, and safety for both inmates and staff. The philosophy of the facility is based on the three underlying assumptions:

- Incarceration is, in and of itself punishment.
- All inmates shall be held accountable for their actions.
- Inmates shall leave the facility no worse physically, emotionally or psychologically than when they entered.

A positive atmosphere shall be created for both inmates and staff by providing:

- A safe and secure environment.
- Trained correctional personnel.
- A variety of programs that provide inmates an opportunity to prepare themselves for return to the community.
- Positive incentives for inmates through classification system based on behavior.

The staff and management of the Grant County Detention Center are committed to the preservation of the basic human rights and dignity of the inmate population as prescribed by the Constitution of the United States and the Laws of the Commonwealth of Kentucky.

Steven L. Kellam, Jailer Grant County Detention Center

### AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I,	, am seeking employment
with the Grant County Deter	ntion Center and do authorizeKSP
	round check. I understand that a criminal background
check is performed on anyon	e seeking employment with the Grant County
Detention Center. I am awa	re that I am responsible for obtaining and submitting
the results of the background	l check to the Administrative office of the Grant
<b>County Detention Center pri</b>	or to employment and I also understand the following
information is required to pe	erform an accurate background check. By signing this
form, I further agree and au	thorize the Grant County Detention Center to retrieve
	us employers that may be pertinent to my employment
with the Grant County Deter	ntion Center.
·	
(First, middle, last name)	
	Social Security Number
	Social Security Number
	Date of Birth
Month Day Year	- <del> </del>
= u <sub>j</sub> = u <sub>j</sub>	
Race:	Gender:
Applicant Signature	 Date
11pp.1cu.iv S.g.uvu1c	Zuit
Background check complete	d by:
Date completed:	·
Criminal History (if any):	<del></del>
Criminal History (II any).	

### Physical Ability and Fitness Assessment

APPLICANT MUST PROVIDE A MEDICAL RELEASE FROM HIS/HER PERSONAL PHYSICIAN STATING APPLICANT IS PHYSICALLY ABLE TO PARTICIPATE IN THE PHYSICAL AGILITY TEST. The physical agility examination is utilized for selecting and hiring deputies for the Grant County Detention Center.

# Test: One Repetition Maximum Bench Press Passing Standard: 50% of body weight

The candidate will push the weight from the chest. Spotters will lower the weight. The lift begins from the down position, not the up position.

### Test: One Minute Sit-Up Passing Standard: 10 Sit-ups

The candidate will lie on the back, knees bent with heels flat on the floor (a partner will hold the feet down). Hands will be behind the head, not interlaced (crossed over the chest). The Sit-up is complete when the candidate touches the elbows to the knees and then returns to a full lying position. During the sit-up, the buttocks will remain on the ground and the shoulder blades will touch the ground prior to the next sit-up. Scoring will be totaled as the number of sit-ups completed within one minute.

### Test: 100 Meter Run Passing Standard: 65 seconds

The candidate will warm up prior to the run. At the designated command, the candidate will cover the distance as quickly as possible. Scoring will be time needed to run the course.

### Test: Maximum Push-Up Passing Standard: 10 pushups

The candidate begins in the lean and rest position with hands shoulder-width apart and feet no more than three inches apart. The candidate lowers self until arms are a 90-degree angle, keeping the back straight throughout the motion. Scoring is totaled as the number of correct pushups completed in one minute.

### Test: 1 mile run/walk Passing Standard: 15 minutes

The candidate will warm up prior to the run/walk. At the designated command, the candidate will cover the distance as quickly as possible. Scoring will be the time needed to run/walk the course.

### Test: Push/Pull Agility Passing Standard: Drag 100 lbs 20 feet

The candidate will drag 100 lbs a distance of approximately twenty feet.

Please submit your application and medical release to Lieutenant Jacquelyn Bodenhamer at the above address. Any questions please call (859) 824-5191, ext. 11.